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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/704,639	<b>FILING DATE</b> 11/01/2000 <b>RULE</b> -	<b>CLASS</b> 362	<b>GROUP ART UNIT</b> 2875	<b>ATTORNEY DOCKET NO.</b> D-8139
<b>APPLICANTS</b> Bruce L. Finn, Malibu, CA ; Robert E. Lee, Topanga, CA ;				
<b>** CONTINUING DATA *****</b> <i>OK</i> THIS APPLICATION IS A CIP OF 09/642,315 08/21/2000 WHICH IS A CON OF 09/146,063 09/02/1998 PAT 6,106,125				
<b>** FOREIGN APPLICATIONS *****</b> <i>not</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/17/2001</b> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 25189				
<b>TITLE</b> Foldable modular light diffusion box				
<b>FILING FEE RECEIVED</b> 564	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## \*BIBDATASHEET\*

CONFIRMATION NO. 4501

Bib Data Sheet

SERIAL NUMBER 09/704,639	FILING DATE 11/01/2000  RULE	CLASS. 362	GROUP ART UNIT 2875	ATTORNEY DOCKET NO. D-8139
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## APPLICANTS

Bruce L. Finn, Malibu, CA;

Robert E. Lee, Topanga, CA;

\*\* CONTINUING DATA \*\*\*\*\* *OK for*This application is a CIP of 09/642,315 08/21/2000 PAT 6,588,912  
which is a CON of 09/146,063 09/02/1998 PAT 6,106,125\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 30	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance:				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

## ADDRESS

25189  
CISLO & THOMAS, LLP  
233 WILSHIRE BLVD  
SUITE 900  
SANTA MONICA, CA  
90401-1211

## TITLE

FOLDABLE LIGHT DIFFUSION BOX WITH FRAME ASSEMBLY

FILING FEE  RECEIVED 1182	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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